

August 4, 2010

TO ALL PRENEED BURIAL CONTRACT LICENSEES:

Enclosed is the renewal application for the PreNeed Burial Contracts license currently held by you.. Your current license will expire on December 31, 2010.

!!!!IMPORTANT INFORMATION!!!!

1. The completed application and all requested enclosures must be returned to this office postmarked no later than December 1, 2010.
2. Postmarks must be easily discernable. Renewals received after December 1, 2010 with no postmarks, or received with postmarks dated past December 1, 2010 will be treated as new applications and as such may be delayed because all renewal applications postmarked and/or received on or before the deadline will be processed first. For this reason, it is probable that licenses for late renewal applications, if approved, will be issued after January 1, 2011.
3. Outstanding invoices for supervisory assessment fees must be paid before the renewal application will be approved. Checks should be made payable to *State of Delaware*.
4. Provide proof of a surety bond or irrevocable letter of credit in an amount to be determined in accordance with Commissioner's Regulation No. 3411 at the time of application for renewal of license. The bond shall be continuous or shall run to the term of the renewed license, effective through at least midnight, December 31, 2011. Letters of Credit can expire no earlier than December 31, 2013.

If you have any questions, please contact the Licensing area at the above number.

Sincerely

A handwritten signature in black ink, appearing to read "Quinn Miller". The signature is stylized with a large, looped "Q" and a cursive "Miller".

Quinn Miller
Licensing Supervisor

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901

RENEWAL APPLICATION
PRENEED FUNERAL CONTRACTS LICENSE

PLEASE TYPE

In compliance with the requirements of Section 3406, Title 5, Delaware Code, and providing for the regulation of accepting preneed funeral contracts:

Applicant Company Name

desires to engage in such business as can be conducted under the provisions of said Act and hereby makes application for a license in accordance with its terms:

1. E. I. Number of Applicant: _____

2. Address of Principal Office where business is to be conducted:

No. & Street	City	State	Zip Code
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3. Name, title, business address and residence address of every member, officer, and director thereof if the applicant is a firm, partnership, association or corporation. (If more than five, please attach list).

Name	Title	Residence Address	Business Address
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4. A recent financial statement for the applicant company must be submitted.

5. Name and address of all consumers for whom you have preneed funeral contracts together with the amount (as of the date of this data) and the names and addresses of the financial institutions where the funds are held.
6. Applicant must provide proof of a surety bond or irrevocable letter of credit in an amount to be determined in accordance with Commissioner's Regulation No.3402 at the time of application for renewal of license. The bond shall be continuous or shall run to the term of the renewed license, effective through midnight, December 31, 2011. Letters of Credit can expire no earlier than December 31, 2013.
7. An annual license renewal fee of \$25.00 per location must be submitted with this renewal application. Please make checks payable to State of Delaware and reference it to "Renewal Fee". **Applications received on or before December 1, 2010 deadline, but without all required fees, will be considered as received late and treated accordingly.**

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said application company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Principal Officer

Print Name

Title

Date

CORPORATE SEAL

* _____ Check here if you do not have a corporate seal

Sworn and subscribed before me this _____ day of _____, 2____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

PRENEED FUNERAL CONTACT SHEET

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment	_____ Name and Title	_____ Telephone #	_____ Extension #
	_____ Email Address		_____ Fax #
	_____ Mailing Address		
License Renewal	_____ Name and Title	_____ Telephone #	_____ Extension #
	_____ Email Address		_____ Fax #
	_____ Mailing Address		
Examination	_____ Name and Title	_____ Telephone #	_____ Extension #
	_____ Email Address		_____ Fax #
	_____ Mailing Address		
Complaints	_____ Name and Title	_____ Telephone #	_____ Extension #
	_____ Email Address		_____ Fax #
	_____ Mailing Address		
Public Contact	_____ Name and Title	_____ Telephone #	_____ Extension #
	_____ Email Address		_____ Fax #
	_____ Mailing Address		

Changes in the above contacts must be reported to our office immediately.